

Heredity and Genetics I

Dates: July 9-13, 2007, 7:30am-4:30pm

Location: Health Sciences Education Building (HSEB), University of Utah

Credit: USOE or University of Utah (3 semester hours of Department of Human Genetics graduate credit)

Instructors: Louisa Stark, Ph.D., April Mitchell, Andee Bowhuis

Instructor Contact Information: Louisa Stark, 801-585-0019,
lstark@genetics.utah.edu

Registration Fee and Deposit: \$275 registration fee and a \$50 deposit payable to the University of Utah. (Deposit checks will be returned on the last day of the course.)

Registration Contact Information:

Both a signed USOE registration form and online registration are required (<http://learn.genetics.utah.edu/teachers/courses/HG2007/> - available after January 11, 2007)

Send USOE registration form and deposit to:

Connie Barth, Administrative Program Coordinator
Genetic Science Learning Center
15 North 2030 East, Room 7135, Salt Lake City, UT 84112-5330
Phone: 801-585-3390
e-mail: cbarth@genetics.utah.edu

Course Description:

Learn the basics of DNA, genes, chromosomes, inheritance and reproduction through hands-on activities that translate directly to your classroom. Apply your understanding of these topics to additional classroom-ready activities centered around the adaptability of organisms in an environment, human genetic disorders, biotechnology and bioethical issues related to genetics. Participants in the course will engage in activities, carry out experiments, take part in discussions with scientists from the University of Utah about cutting-edge research in the field, and tour lab facilities. Participants also will take home an extensive CD-ROM of lesson plans, activities, and resources that directly address the Utah Core Curriculum Standards in heredity and genetics.

The course meets for 45 hours of instruction and includes pre- and post-course assignments in addition to those completed during the course.



2007 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____

City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the workshop contact listed above.

A separate registration form must be submitted for each workshop you plan to attend.